



ServicePolymers

THERMOPLASTIC RESINS

APPLICATION FOR CREDIT

Firm Name _____
Address _____
City _____ State _____ Zip _____
Business Phone _____ Fax _____
DBA/AKA _____
Nature of Business _____
Type of Ownership: (Corporation, Partnership, LLC, etc.) _____
Name of Officers, Partners, or Proprietor _____
Name of Parent Company if Subsidiary _____
Year Established _____ Under current ownership since _____
Federal Tax ID # _____ Resale # _____
Dunn & Bradstreet # _____

Financial Information

Bank Name _____ Branch _____
Representative _____ Account # _____
Street Address _____ City _____ ST _____ Zip _____
Phone _____ Fax _____

Trade References

Name _____ Phone _____ Fax _____
Street Address _____ City _____ ST _____ Zip _____

Name _____ Phone _____ Fax _____
Street Address _____ City _____ ST _____ Zip _____

Name _____ Phone _____ Fax _____
Street Address _____ City _____ ST _____ Zip _____

Application continued on page 2

Service Polymers, Inc.
120 Tustin Ave, Suite C, Newport Beach, CA 92663
T 714.782.0499 • 888.464.9109
accounting@servicepolymers.com
www.ServicePolymers.com

Application for Credit – Page 2

Accounts Payable Contact Information

Name _____ Phone _____ Extension _____

Email Address _____

Does your company accept invoices via email? Yes No

If yes, what email address should invoices be sent to? _____

Please check basis on which you usually pay bills:

Discount _____ 30 Days _____ 45 Days _____ 60 Days _____ Other (please explain)

Estimated Monthly Credit Needed _____

Has entity or applicant(s) ever filed for bankruptcy? _____ If so, please explain _____

Additional Information (if applicable):

I hereby agree to pay a service charge of 1 ½ % per month (18% per annum) on all past due balances, reasonable collection costs, attorney's fees and court costs.

For the purpose of obtaining merchandise from you on credit, the above written statement is made, intending that you should rely same as correct and that nothing consequential is being withheld.

“A faxed copy of my signature can be considered the original”

Signed _____

Print or Type Name _____

Title _____

Today's Date _____

*Please return completed credit applications via email to
accounting@servicepolymers.com or via fax to (714) 364-8059*

Service Polymers, Inc.
120 Tustin Ave, Suite C, Newport Beach, CA 92663
T 714.782.0499 • 888.464.9109
accounting@servicepolymers.com
www.ServicePolymers.com